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# **Health Safety Net Billing and Testing Requirements**

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# Health Safety Net Billing Requirements

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- **Billing Format Change**
- **General Requirements**
- **Key Claim Detail Requirements**
- **Special Requirements for Health Safety Net Office (HSNO) Types**
- **Successful Testing Habits**
- **Question & Answer Period**



# Health Safety Net Billing Requirements

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- Billing Format Change
  - MA-9 Flat File to 837P
  - Review MA-9/837P Crosswalk posted the DHCFP website ([www.mass.gov/dhcfp](http://www.mass.gov/dhcfp)) for billing element requirements
  - Final 837P Specifications posted on the DHCFP website and should be forwarded to programming staff
  - Suggestion/Feedback period still open; email comments to Marc Prettenhofer at [Marc.Prettenhofer@state.ma.us](mailto:Marc.Prettenhofer@state.ma.us)



# Health Safety Net Billing Requirements

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- General Requirements
  - Provider-side 'scrub' for appropriate services and items
    - Using Medicare editors will aid with medical coding concerns with Health Safety Net (HSN)
  - Follow the coverage guidelines of the regulations
    - Eligibility and services for some HSN coverage is unique, e.g., Confidential Applications
    - Covered Services derived from MassHealth Covered Services
  - Units of Service when necessary
  - Modifiers on procedures when appropriate
  - Use of date sensitive CPTs, HCPCS, ICD-9s and ICD-9 CMs



# Health Safety Net Billing Requirements

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- General Requirements continued...
  - One claim per patient-visit to a single provider.
    - Use the 837D for Dental services
  - Total Charges must equal submitted revenue lines
  - Use current Place of Service Codes, with allowable Billing Frequencies of 1, 7 or 8.
  - When submitting Replacement claims, no need to Void first
  - When submitting Void claims, all data must match



# Health Safety Net Billing Requirements

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- Key Claim Detail Requirements
  - Patient's full name, birth date, gender, and address
  - Patient's SSN or ITIN is required (if unknown or not able to obtain use 000000001)
  - Outpatient claim line items require units of service
  - NPI is required for Attending and/or Operating and/or Other Providers on claim
  - HSN level is required on each and every claim; Prime, Partial, Second, BD, CA, or MH
    - This may correspond to a Registration Identifier on Provider systems, check with Registration Staff



# Health Safety Net Billing Requirements

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- Special Requirements for Confidential Application Claims
  - Confidential Applications (CA) have three unique eligibilities:
    - Minor seeking Family Planning and/or STI testing and treatment
    - Patient must be less than 18 years old on date of service
    - Services are limited to Family Planning and/or STI testing and treatment
  - Adult seeking services when reporting as Abused, Neglected or has a Threat of Abuse
    - Patients are eligible for the same services as HSNO Prime



# Health Safety Net Billing Requirements

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- Special Requirements continued...
  - Urgent Care Bad Debt
    - These claims need the qualifier of BD in the SBR segment in order to pass the Eligibility module at the Division
  - Medical Hardship
    - These claims need the qualifier of MH in the SBR segment in order to go into Suspense for Evidence Documentation matching
    - Eligibility is tied to Application Decision from the Division





# Health Safety Net Testing

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- Providers that have been approved have similar testing habits:
  - Test frequently, 2 to 3 files a week
  - Maintain open communication with the Division on hurdles
  - Provide data directly to their vendors, no middleman
  - Update vendor products accordingly in-house
  - Follow error resolution process
  - Provide feedback on process to the Division

# Health Safety Net Testing

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- Processing of Test files is manual
  - INET to Translator; 2-3 times per day
  - Files are followed as they process
  - Results to holding area for INET; 2-3 times per day
- INET sweep for results on 4-hour cycle
- Eligibility rewrite for RID digit increase in place
- Timing of internal updates with file processing
  - Files dropped for no reason; error states Internal Error
  - Error messages have been updated to a more User-friendly format



# Health Safety Net Testing – Go Live Delays

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- Testing not consistent over time
- Error resolution not consistent over time
- New staff involved in error resolution during Testing
- Working Warnings before Errors
- Vendors unaware of SENDS/INET process
- Vendor only submitting for one client, not all clients as required
- Multiple staff communicating to the Division, but not asking the same question
- Delay in updating Vendor Product



# Health Safety Net Testing – Go Live Process

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- Contact Ben Locke at Ben.Locke@State.MA.US to obtain your FY2007 weekly average claim volume and passing threshold volume (80%)
- Submit a file with at least the minimum average
- Minimum passing claims meet provider threshold
- Work with Ben to have IT approve provider ORG ID for Go-Live Readiness
- Packet is sent to provider alerting of process and 'hand-shake' date
- Packet is received and ORG ID is set-up for 837-only submissions (MA-9 becomes disabled)



# Health Safety Net Billing Requirements

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- Question and Answer Period
- Send additional questions or concerns regarding billing transition to [Marc.Prettenhofer@state.ma.us](mailto:Marc.Prettenhofer@state.ma.us)
- Visit the DHCFP website:
  - [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp)
  - Click on the Health Safety Net (HSN) link on the left side of screen
- Call the Help Desk at 1-800-609-7232 for Sends / INET issues

